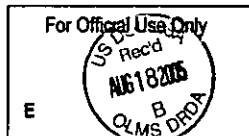


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>9772</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Martin</u> <u>Perez</u> P O Box, Bldg, Room No, if any Street <u>845 Oak Park Road</u> City <u>Covina</u> State <u>California</u> ZIP Code + 4 <u>91724</u>	4 Name, file number, and address of labor organization Name <u>Teamsters Local Union No 63</u> Labor Organization File Number <u>508-852</u> P O Box, Building and Room Number, if any Street <u>845 Oak Park Road</u> City <u>Covina</u> State <u>California</u> ZIP Code + 4 <u>91724</u>
5 Position in labor organization <u>Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)	
Signed <u>Martin F. Perez</u>	On <u>08-02-05</u> <u>1-951-9061505</u> Date Telephone Number

Name of Person Filing Martin Perez	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name **Southern CA Dairy Industry Security Fund**
Trade Name, if any
P O Box, Bldg, Room No, if any **P O. Box 1121**
Street
City **Alhambra**
State **California** ZIP Code + 4 **91802**

9 Business deals with

- ☒ a Labor Organization
☐ b Trust
☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name
Trade Name, if any
P O Box, Bldg, Room No, if any
Street
City
State
ZIP Code + 4

11 a Nature of such dealing

Union trustee who attended meetings of a jointly administered trust fund Amounts represent the cost of meals, travel, lodging, and educational classes paid by the trust fund on behalf of the trustee.

11 b Approximate dollar value of such dealing **\$3,381**

12 a Nature of interest held or income received

12 b Amount **\$0**

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name **DMC Insurance Administrators, Inc**
Trade Name, if any
P O Box, Bldg, Room No, if any **P O Box 757**
Street
City **Pleasanton**
State **California** ZIP Code + 4 **94566**

14 a Nature of payment

Christmas gift and activity paid for by service provider to the Labor Alliance Managed Trust Fund

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment **\$300**

Name of Person Filing **Martin Perez**

File Number U-

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**13 a Name and address of Employer or Labor Relations Consultant** (including trade name, if any)Name **Palm Springs Riviera Hotel**

Trade Name, if any

P O Box, Bldg, Room No, if any

Street **1600 N Indian Canyon Drive**City **Palm Springs-**State **California** ZIP Code + 4 **92262****14 a Nature of payment.**

Gift basket placed in room while attending a meeting at the Hotel.

13 b Is the Business an Employer ☒ or Consultant ☐ ?**14 b Amount of payment.**

\$56

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**13 a Name and address of Employer or Labor Relations Consultant** (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

14 a Nature of payment**13 b Is the Business an Employer** ☐ or Consultant ☐ ?**14 b Amount of payment****C Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**13 a Name and address of Employer or Labor Relations Consultant** (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

14 a Nature of payment**13 b Is the Business an Employer** ☐ or Consultant ☐ ?**14 b Amount of payment**